

## APPENDIX D. FORM 11-90 HHSA

### GRADS ORIENTATION SIGN-IN LOG

☐ ENGLISH    ☐ SPANISH    ☐ OTHER

☐ CHECK HERE IF NO REFERRALS SCHEDULED FOR THIS DATE

FAMILY RESOURCE CENTER: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SIGNATURE	SOCIAL SECURITY NUMBER	COUNTY/RRC USE ONLY						
		CLIENT NAME	CASE NUMBER	INTAKE APPT.	STATUS *	COOP?	COMMENTS	CD/NCD
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

\*Indicate which program category and if homeless.

Program Category: TL=Time Limited / IAP=Interim Assistance Program / EL=Employable with Limitations. Include an H, if client is homeless or has no permanent residence.